EIC SEARCH RESULTS

Serial No. 10/518,433 – Method and system for detecting and analyzing clinical pictures and the causes thereof and for determining proposals for appropriate therapy

Searcher: Ethel Leslie
Date: April 20, 2010

NPL Database Search

Search Strategy

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Set     Items   Description
S1     732339   ALLERGY? OR ALLERGIES OR HYPERSENSITIVIT? OR ALLERGIC?
S2         42   (TEST OR TESTS OR TESTING OR TESTED) (2W) (OTHER OR SIMILAR
                OR ANOTHER) (2W) S1
S3         22   RD  (unique items)
S4         39   (TEST OR TESTS OR TESTING OR TESTED) (2W) (SECOND OR SECON-
                DARY OR COEXIST? OR CO()EXIST? OR DIFFERENT? OR DIFFER OR DIF-
                FERS OR DIFFERING OR DIFFERED) (2W) S1
S5         39   S4 NOT S2
S6         29   RD  (unique items)
S7      69414   S1 (5N) (DIAGNOSE? OR DIAGNOSING OR DIAGNOSTIC? OR IDENTIF?
                OR DETERMIN? OR ESTABLISH? OR PINPOINT? OR PIN()POINT? OR TE-
                ST OR TESTS OR TESTED OR TESTING OR EXAM OR EXAMS)
S8       6610   (OTHER OR ANOTHER OR SIMILAR OR SECOND OR SECONDARY OR DIF-
                FERENT OR DIFFER OR DIFFERED OR DIFFERING OR DIFFERS OR FOLLO-
                W()UP OR SUBSEQUENT) (5W) (TEST OR TESTS OR TESTING OR TESTED
                OR EXAM OR EXAMS OR EXAMINATION? OR EXAMINING)
S9       8043   (OTHER OR ANOTHER OR SIMILAR OR SECOND OR SECONDARY OR DIF-
                FERENT OR DIFFER OR DIFFERED OR DIFFERING OR DIFFERS OR FOLLO-
                W()UP OR SUBSEQUENT) (3N) (TEST OR TESTS OR TESTING OR TESTED
                OR EXAM OR EXAMS OR EXAMINATION? OR EXAMINING)
S10       799   FURTHER (3W) (TEST OR TESTS OR TESTING OR TESTED OR EXAM OR
                EXAMS OR EXAMINATION?)
S11      2732   S7 (S) S8:S10
S12     26076   S1 (5N) (DIAGNOSE? OR DIAGNOSING OR DIAGNOSTIC? OR IDENTIF?
                OR DETERMIN? OR ESTABLISH? OR PINPOINT? OR PIN()POINT?)
S14       858   S13/TI,AB
S15        16   S14/TI
S16         6   RD  (unique items)
S17       124   S14/2004:2006
S18       152   S14/2007:2010
S19       550   S14 NOT (S2 OR S5 OR S15 OR S17:S18)
S20       295   RD  (unique items)

File 155:MEDLINE(R) 1950-2010/Apr 16
         (c) format only 2010 Dialog
File 972:EMBASE 1947-2010/Apr 20
         (c) 2010 Elsevier B.V.
File   5:Biosis Previews(R) 1926-2010/Apr W2
         (c) 2010 The Thomson Corporation
File  91:MANTIS(TM) 1880-2010/Mar
         2001 (c) Action Potential
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File 164:Allied & Complementary Medicine 1984-2010/Apr
         (c) 2010 BLHCIS
File 467:ExtraMED(tm) 2000/Dec
         (c) 2001 Informania Ltd.
File  24:CSA Life Sciences Abstracts 1966-2010/Apr
         (c) 2010 CSA.
File   8:Ei Compendex(R) 1884-2010/Apr W2
         (c) 2010 Elsevier Eng.  Info. Inc.
File  95:TEME-Technology & Management 1989-2010/Mar W1
         (c) 2010 FIZ TECHNIK
File  35:Dissertation Abs Online 1861-2010/Mar
         (c) 2010 ProQuest Info&Learning
File  65:Inside Conferences 1993-2010/Apr 20
         (c) 2010 BLDSC all rts. reserv.
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Search Results

3/7/2 (Item 2 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

15392079 **PMID:** 12787296
The prevalence, characteristics of and early life risk factors for eczema in 10-year-old children.

Kurukulaaratchy Ramesh; Fenn Monica; Matthews Sharon; Hasan Arshad S
The David Hide Asthma & **Allergy** Research Centre, St. Mary's Hospital, Isle of Wight, United Kingdom.
Pediatric **allergy** and immunology - official publication of the European Society of Pediatric **Allergy** and Immunology **(** England) Jun 2003 , 14 (3) p178-83 , **ISSN:** 0905-6157--Print 0905-6157--Linking **Journal Code:** 9106718
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Eczema is a common infantile disease but its nature and extent during later childhood remains unclear. In a whole-population birth cohort study (n = 1456) we **exam**ined prevalence and characteristics of eczema amongst 10-year-old children. At this age 1373 (94%) children completed ISAAC questionnaires, 1043 (72%) skin prick **testing** and 953 (65%) serum inhalant IgE antibody screening. At 10 years of age prevalence of eczema ever was 41.0% and for current eczema was 13.7% (combined current itchy rash and eczema ever). Most current eczema (71.0%) began before 4 years of age, but was associated with low morbidity at 10 years. Amongst children with **diagnose**d eczema at 4 years of age, 56.3% had current eczema at 10 years. Atopy (positive skin **test**) and **other allergic** states were associated with current eczema ($p < 0.001$). Risk factor analysis for current eczema **identified** independent significance for atopy ($p = 0.01$), rhinitis ($p = 0.04$) and food **allergy** ($p = 0.01$) at 4 years, plus maternal asthma ($p = 0.03$). **Diagnose**d rhinitis at 4 years emerged as a significant predictor of persistent disease. Eczema is not simply a transient infantile condition but a common problem at 10 years of age, often reflecting persistent disease from early childhood. Inherited predisposition towards atopy is the predominant risk factor for this state.
Record Date Created: 20030605
Record Date Completed: 20040115

3/7/4 (Item 4 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

14885612 **PMID:** 12121189
Validation of a two-color flow cytometric assay detecting in vitro basophil activation for the diagnosis of IgE-mediated natural rubber latex allergy.

Ebo D G; Lechkar B; Schuerwegh A J; Bridts C H; De Clerck L S; Stevens W J
Department of Immunology, Allergology and Rheumatology, University of Antwerp (UIA), Belgium.
Allergy (Denmark) Aug 2002 , 57 (8) p706-12 , **ISSN:** 0105-4538--Print 0105-4538--Linking
Journal Code: 7804028
Publishing Model Print
Document type: In Vitro; Journal Article; Validation Studies
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: IgE-dependent triggering of basophils not only elicits the release of **differ**ent mediators but also the up-regulation of certain markers, e.g. CD63, which can be detected by flow cytometry. We intended to investigate if flow cytometric analysis of basophil activation could be a valuable tool in the **diagnosis** of latex **allergy**, and to evaluate if the basophil activation **test** (BAT) could be helpful in **determin**ing the clinical significance of a positive latex IgE in individuals with negative history and negative latex skin **test**. Additionally we aimed to **determin**e the role of cross-reactive carbohydrate **determin**ants (CCDs) in causing positive latex IgE without apparent clinical significance. METHODS: Twelve healthy controls without a history of latex **hypersensitiv**ity with a negative latex IgE and skin **test** (group 1), 24 individuals without a history of latex **hypersensitiv**ity with a negative latex IgE and skin **test** but with **other** inhalant **allergies** (group 2), and 29 latex **allergic** patients with a compelling history of latex **allergy** with a positive latex IgE and prick **test** (group 3) were enrolled. The **diagnost**ic performances of the BAT were further evaluated in 13 individuals with a history of latex **allergy** but with negative specific IgE and/or skin **test** (group 4). Twenty-four individuals with positive latex IgE without apparent clinical relevance, i.e. without history of latex **hypersensitiv**ity and negative latex skin **test**s, were also analyzed (group 5). The putative role of CCDs causing positive latex IgE results without apparent clinical significance was evaluated by quantification of IgE for bromelain. RESULTS: According, to the receiver operating characteristics(ROC)-generated threshold value of 17% between latex **allergic** patients and the pooled group of nonlatex **allergic** individuals, the sensitivity and specificity of the basophil activation **test** was 93.1% and 91.7%, respectively. In healthy controls, **allergic** patients without latex **hypersensitiv**ity and latex **allergic** patients the number of positive BATs was 0/12, 3/24 and 27/29, respectively. In the individuals with an evocative history of latex **allergy** but with negative latex IgE and/or skin **test** the BAT was positive in all 13 cases. Twenty of 24 individuals without apparent latex **allergy** but with positive latex IgE had a negative BAT. IgE for bromelain was positive in 1/19 sera from group 2, 1/24 sera from group 3, none of the 8 sera from group 4, but in 16/18 sera from group 5, respectively. CONCLUSION: Flow cytometric analysis of activated basophils seems a highly sensitive and specific tool for **diagnos**ing latex **allergy**. In addition, the technique might help to **determin**e the clinical relevance of positive IgE quantification in the absence of overt latex **allergy**. CCDs of natural rubber latex **allergen**s were confirmed to mimic latex sensitization.
Record Date Created: 20020717
Record Date Completed: 20020912

3/7/7 (Item 7 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

10303198 **PMID:** 1570946
[The association of pulmonary hemosiderosis and celiac disease. Apropos of a new case in a

child]

Association hemosiderose pulmonaire et maladie coeliaque. A propos d'une nouvelle observation chez l'enfant.
Perelman S; Dupuy C; Bourrillon A
Service de Pediatrie Generale, Hopital Robert Debre, Paris.
Annales de pediatrie (FRANCE) Mar 1992 , 39 (3) p185-8 , **ISSN:** 0066-2097--Print 0066-2097--Linking **Journal Code:** 2984696R
Publishing Model Print
Document type: Case Reports; English Abstract; Journal Article; Review
Languages: FRENCH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
A new case of pulmonary hemosiderosis with coeliac disease is reported. This is an extremely rare combination of which only nine instances have been published over the last 20 years. Three of the reported cases occurred in children. Apart from a marked predominance of males, the combination has no specific features. Firm evidence of a causal relationship between the two diseases is lacking but treatment with a gluten-free diet alone apparently had beneficial effects on the lung disease in two patients. Three pathogenic hypotheses are discussed herein: deposition of circulating immune complexes involving food **allergen**s on the basement membrane of alveolar capillaries; reaction between antireticulin antibodies and an alveolar basement membrane antigen; or effect of adenovirus 12, a potential causative factor for celiac disease. Patients with idiopathic pulmonary hemosiderosis should routinely have **test**s for gluten intolerance, for instance a lactulose-mannitol in**test**inal permeability **test**. Lastly, **other** concomitant food **allergies** are reported. (13 Refs.)
Record Date Created: 19920528
Record Date Completed: 19920528

6/7/6 (Item 6 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

11723174 **PMID:** 7499674
The accuracy of features in the clinical history for predicting atopic sensitization to airborne allergens in children.

Murray A B; Milner R A
Department of Paediatrics, University of British Columbia, Vancouver, Canada.
Journal of **allergy** and clinical immunology (UNITED STATES) Nov 1995 , 96 (5 Pt 1) p588-96 , **ISSN:** 0091-6749--Print 0091-6749--Linking **Journal Code:** 1275002
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: The clinical history is given considerable weight when one decides which **allergen**s are responsible for a patient's symptoms, and in research studies the clinical history has been used as the "gold standard" with which **different tests** for **allergy** are compared. OBJECTIVES: To **determine** whether standardized questions accurately predict replies to detailed questions asked by an experienced allergist, and to assess the utility of certain standardized questions for predicting sensitization to individual **allergen** groups. METHODS: Trained interviewers put standardized questions to parents of 1160 **children**, aged 1 to 17 years, who had respiratory symptoms and had been newly referred to the **allergy** clinic of a children's hospital. For the first 151 of the subjects the answers were compared with those elicited by questions asked by a pediatric allergist. Skin prick **test**s and pollen counts were performed by a technologist. RESULTS: The standardized questions had an accuracy for predicting the allergist's history of 93% to 97% for all questions except one. The

standardized questions with the highest accuracy for predicting the skin **test** results to the appropriate **allergen**s were the following: for mite, improvement in symptoms when outdoors (66.8%) and when in dry areas 69.4%), and aggravation during house cleaning (65.9%) and when bed making (70.6%); for dog, symptoms when with dogs (80.6%); for cat, symptoms when with cats (77.3%); for tree pollen, symptoms worse in April (70.8%) and when among trees in March and April (80.8%); and for grass pollen, exacerbation in June (69.2I%) and during lawn mowing (71.2%). Although specificity was generally above 80%, sensitivity was variable, ranging from 11% to 56%. CONCLUSIONS: The standardized questions accurately predicted a detailed history obtained by an experienced allergist. Because standardized questions are reproducible they are the preferred method of history taking for research projects. Because several of the standardized questions have a high specificity they are useful for excluding sensitization to individual **allergen** groups, but because they have only a modest sensitivity, they are less helpful for detecting those who are sensitized to individual **allergen** groups.
Record Date Created: 19960116
Record Date Completed: 19960116

20/7/2 (Item 2 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

15631481 **PMID:** 14608875
[Allergy to cephalosporin antibiotics in childhood]

Alergija na cefalosporinske antibiotike u decjem uzrastu.
Atanaskovic-Markovic Marina; Nestorovic Branimir
University Children's Hospital, Belgrade. marinaa@eunet.yu
Srpski arhiv za celokupno lekarstvo (Yugoslavia) Mar-Apr 2003 , 131 (3-4) p127-30 , **ISSN:** 0370-8179--Print 0370-8179--Linking **Journal Code:** 0027440
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: SERBIAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
A particular problem is the safety of administering cephalosporins to penicillin-**allergic** children, because cephalosporin **allergenic determin**ants have not been properly **identif**ied. Cephalosporin antibiotics are widely used to treat common infections and are often the first-line prophylaxis before many types of surgery. So the arm of this study is to **determin**e the frequency of **allergic** reactions of anaphylactic type to cephalosporins and their cross-reactivity with penicillins. At University Children's Hospital in Belgrade a group of 1,170 children with suspected anaphylactic **allergic** reaction to penicillins and/or cephalosporins were **test**ed for the last eight years. Skin **test**s were performed with standard concentration of penicillins and cephalosporins. In children where skin **test**s were negative single-blind, placebo-controlled challenges were performed. In case of positive skin **test**s **further examinations** were interrupted and the children were considered **allergic** to that drug. The frequency of anaphylactic **allergic** reactions to cephalosporins is 0.2% to 17%, and depends on cephalosporins generation. The cross-reactivity between cephalosporins and penicillins is 0.1% to 14.5%, and among cephalosporins is 0% to 11.7%.
Record Date Created: 20031111
Record Date Completed: 20040108

20/7/6 (Item 6 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

15494314 **PMID:** 12911779

Concurrent cereal allergy in children with cow's milk allergy manifested with atopic dermatitis.

Jarvinen K-M; Turpeinen M; Suomalainen H
Department of Dermatology Allergology, Helsinki University Central Hospital, Skin and **Allergy** Hospital, Helsinki, Finland. kirsi.jarvinen@mssm.edu
Clinical and experimental **allergy** - journal of the British Society for **Allergy** and Clinical Immunology (England) Aug 2003 , 33 (8) p1060-6 , **ISSN:** 0954-7894--Print 0954-7894--Linking **Journal Code:** 8906443
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: There is increasing consensus about the significance of food **allergen**s in the pathogenesis of atopic dermatitis (AD) in infancy and childhood, with cow's milk and egg accounting for most of the reactions. Previous studies have indicated that multiple food sensitization, such as cereals, is very common in patients with cow's milk **allergy** (CMA). Evidence is lacking, however, as to its clinical relevance. OBJECTIVE: The purpose of this study was to **determine** the concurrent occurrence of cereal **allergy** among children with challenge-proven CMA who have residual symptoms, such as AD and/or gastroin**test**inal symptoms, during cow's milk elimination diet. Further, we sought to evaluate the utility of patch **testing** in prescreening foods **other** than cow's milk behind **allergic** symptoms in children. METHODS: The study population comprised 90 children, aged from 2.5 to 36 months (mean 1.1 years), with challenge-proven CMA. As a result of residual symptoms during meticulous cow's milk elimination diet (AD: n=80, and gastroin**test**inal: n=10), the children were put on a cereal elimination diet (oats, wheat, rye, and barley) and skin prick **test**s (SPT) and patch **test**ing with cereals were performed. Open cereal challenge was performed to confirm cereal **allergy**. RESULTS: Cereal challenge was positive in 66 (73%) of the children with CMA. Of them, 17% reacted with immediate reactions and delayed-onset reactions were seen in 83% of the children. SPT was positive in 23%, patch **test** in 67%, and either SPT or patch **test** was positive in 73% of the children with cereal **allergy**. SPT gave the best positive predictive value, whereas SPT together with patch **test** gave the best negative predictive value. CONCLUSIONS: Residual symptoms, such as eczema or gastroin**test**inal symptoms in CMA children may be a sign of undetected **allergy** to **other** food antigens. SPT with cereals aids in **diagnosing** cereal **allergy** in small children, especially when used together with patch **testing**.
Record Date Created: 20030812
Record Date Completed: 20031204

20/7/8 (Item 8 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

15428360 **PMID:** 12833010
The detection of clinically relevant contact allergens using a standard screening tray of twenty-three allergens.

Saripalli Yamini V; Achen Fritz; Belsito Donald V
Division of Dermatology, University of Kansas Medical Center, Kansas City 66160-7319, USA.
Journal of the American Academy of Dermatology (United States) Jul 2003 , 49 (1) p65-9 , **ISSN:** 0190-9622--Print 0190-9622--Linking **Journal Code:** 7907132
Publishing Model Print; Comment in J Am Acad Dermatol. 2005 Mar;52(3 Pt 1):538 PMID 15761447
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed

BACKGROUND: The current standard tool for **diagnosing allergic** contact dermatitis (ACD) in the United States is the T.R.U.E. **test** panels, which consist of 23 **allergens**. Previous studies have raised concern regarding the adequacy of these panels in fully assessing patients with possible ACD. OBJECTIVE: We sought to **examine** the use of the T.R.U.E. **test allergens** as the primary **diagnostic** method for detecting ACD. METHODS: A retrospective analysis of all patients with possible ACD who presented to the University of Kansas' Section on Occupational and Contact Dermatitis in Kansas City, Kansas, and **subsequently** underwent patch **testing** from January 1, 1995, to December 31, 2001. Patients with positive **allergic** reactions were stratified into 3 groups: (1) reactions only to **allergens** on the T.R.U.E. **test**; (2) reactions only to **allergens** not present on the T.R.U.E. **test**; and (3) reactions to **allergens** on the T.R.U.E. **test** and additional **allergens**. These 3 groups were further analyzed to assess clinical relevance. RESULTS: Of the 898 patients who were patch **tested**, 616 (68.6%) had at least 1 positive **allergic** reaction. Among these 616 patients, 25.5% would have been fully evaluated using the T.R.U.E. **test allergens** only. Of the remaining patients, 22.4% would not have had any of their **allergens** detected and 52.1% would have only been partially evaluated had only the T.R.U.E. **test allergens** been used. **Similar** percentages were observed when only patients with clinically relevant reactions were included. CONCLUSIONS: In our study, the current T.R.U.E. **test** series of 23 **allergens** would have completely **identified** all **allergens** in only 25.5% of patients and clinically relevant **allergens** in 28% of patients. Expanding the number of **allergens** used according to a patient's environment and history will lead to improved outcome in the treatment and prevention of ACD.
Record Date Created: 20030630
Record Date Completed: 20030731

20/7/16 (Item 16 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

14967631 **PMID:** 12223977
The utility of patch testing children with atopic dermatitis.

Vender R B
Department of Medicine, McMaster University, Hamilton, Ontario, Canada.
Skin therapy letter **(** Canada) Jun 2002 , 7 (6) p4-6 , **ISSN:** 1201-5989--Print 1201-5989--Linking **Journal Code:** 9891441
Publishing Model Print
Document type: Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Allergic contact dermatitis (ACD) is more frequent in the pediatric population and in children with atopic dermatitis (AD) than has hitherto been appreciated. Patch **testing**, which is mediated by **different** immune mechanisms than prick skin **testing**, is both safe and **diagnostically** useful for individuals with AD. It may help to **identify** exacerbating **allergies**, e.g., constituents of topical treatments in refractory AD and to formulate treatment plans that feature preventive avoidance of the offending **allergens**. **(** 30 Refs.)
Record Date Created: 20020911
Record Date Completed: 20021108

20/7/46 (Item 46 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

13596388 **PMID:** 10506270
Allergy to beta-lactam antibiotics in children.

Ponvert C; Le Clainche L; de Blic J; Le Bourgeois M; Scheinmann P; Paupe J
Departments of Pediatric Pulmonology and Allergology, Sick Children Hospital, Paris V University, Paris, France. pneumo.allergo@nck.ap-hop-pari.fr
Pediatrics (UNITED STATES) Oct 1999 , 104 (4) pe45 , **ISSN:** 1098-4275--Electronic 0031-4005--Linking **Journal Code:** 0376422
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: Skin **test**s with soluble beta-lactams can be used to **diagnose** immediate and delayed **hypersensitivity** (HS) reactions to beta-lactam antibiotics. Very few studies have been performed with children with suspected beta-lactam **allergy**. In these studies, immediate HS to beta-lactams was **diagnose**d by skin **test**s in 4.9% to 40% of children. The **diagnos**tic and predictive values of immediate responses in skin **test**s are good, because very few children with negative skin **test** results have positive oral challenge (OC) **test** results. Delayed responses in skin **test**s (intradermal and patch **test**s) have been reported in adult patients and children suffering with urticaria, angioedema, and maculopapular rashes during treatments with beta-lactam antibiotics. However, the **diagnos**tic and predictive values of late responses are unknown. Semi-late responses in skin **test**s with beta-lactams have never been studied in adults or children. OBJECTIVES: The aims of this study were to confirm or rule out the **diagnos**is of **allergy** to beta-lactams in children with histories of adverse reactions to these antibiotics, to **determine** whether **allergic** children were sensitized to one or several classes of beta-lactams, and to evaluate the frequency and **diagnos**tic value of immediate, accelerated, and delayed responses in skin **test**s with beta-lactam antibiotics in children. METHODS: We studied 325 children with suspected beta-lactam **allergy**. Skin **test**s (prick and intradermal) were performed with soluble forms of the suspected (or very similar) beta-lactams and with one or several beta-lactams from **other** classes. The reaction was assessed after 20 minutes (immediate), 8 hours (accelerated), and 48 to 72 hours (delayed). OCs with the suspected beta-lactams were performed in patients with negative skin **test** results, except those with severe serum sickness-like reactions and potentially harmful toxidermias. RESULTS: Skin **test**s and OCs led to the **diagnos**is of beta-lactam **allergy** in 24 (7.4%) and 15 (4.6%) of the children, respectively. Thus, only 12% of the children were **diagnose**d as **allergic** to beta-lactams by means of skin **test**s and OC. HS to beta-lactams was suspected from clinical history in 30 (9.2%) children reporting serum sickness-like reactions and potentially harmful toxidermias. In a few children, we **diagnose**d food **allergy** and intolerance to excipients or nonsteroidal antiinflammatory drugs. No cause was found in the **other** children. Based on skin **test**s and OC, the prevalences of immunoglobulin E-dependent and of semi-late or delayed sensitizations to beta-lactam assessed were similar (6.8% vs 5.2%, respectively). Most immunoglobulin E-dependent sensitizations were **diagnose**d by means of skin **test**s (86.4%). In contrast, most semi-late and delayed sensitizations were **diagnose**d by OC (70.6%). The likelihood of beta-lactam **allergy** was significantly higher for anaphylaxis (42.9% vs 8.3% in **other** reactions) and immediate reactions (25% vs 10% in accelerated and delayed reactions). Of the children **diagnosed** as **allergic** to beta-lactam by means of skin **test**s, OC, and clinical history, 11.7% were sensitized to several classes of beta-lactams. The risk was significantly higher in children with anaphylaxis (26. 7% vs 7.5% of the children with **other** reactions) and in children reporting immediate reactions (33.3% vs 8.5% of the children with accelerated and delayed reactions). Finally, age, sex, personal history of atopy, number of reactions to beta-lactams, and number of reactions to **other** drugs were not significant risk factors for beta-lactam **allergy**. CONCLUSION: The skin **test**s were safe, and the immediate reaction to skin **test**s successfully **diagnosed allergy** to beta-lactam antibiotics in children reporting reactions suggestive of immediate HS. In contrast, most accelerated and delayed reactions were **diagnose**d by OC. Thus, our results suggest that the **diagnos**tic and predictive values of skin **test**s for nonimmediate HS to beta-lactams in children are low. (ABSTRACT TRU
Record Date Created: 19991014
Record Date Completed: 19991014

20/7/61 (Item 61 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

12837471 **PMID:** 9591812
Contact hypersensitivity to tixocortol pivalate.

Lutz M E; el-Azhary R A; Gibson L E; Fransway A F
Department of Dermatology, Mayo Clinic and Mayo Foundation, Rochester, Minnesota 55905, USA.
Journal of the American Academy of Dermatology (UNITED STATES) May 1998 , 38 (5 Pt 1) p691-5 , **ISSN:** 0190-9622--Print 0190-9622--Linking **Journal Code:** 7907132
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: Tixocortol pivalate is an **established** marker to topical corticosteroid **allergy**. The prevalence of tixocortol pivalate **hypersensitivity** is well **established** in Europe, where exposure to this corticosteroid as a therapeutic agent varies. In the United States, tixocortol pivalate is not commercially available and the prevalence of **hypersensitivity** to it is unknown. OBJECTIVE: We investigated the prevalence of tixocortol pivalate **hypersensitivity** in our patch-**tested** population. We further characterized these patients by clinical background, **other** contact **allergens**, and the reactivity to **other** corticosteroids. METHODS: Tixocortol pivalate has been incorporated in our standard 1-52 patch **test** series since November 1992. We reviewed the histories and patch **test** results in all patients **tested** with the standard 1-52 series from November 1992 to December 1996. RESULTS: Of 1536 patch-**tested** patients, 45 had **hypersensitivity** to tixocortol pivalate. Dermatitis involving the face was the most common (14 patients). Of the 45 patients, 40 had **another allergen identified** on patch **testing**. Eighteen patients underwent **further** patch **testing** to an extended corticosteroid panel, and 14 had sensitivity to a**nother** steroid agent. CONCLUSION: The 2.9% prevalence of tixocortol pivalate **hypersensitivity** in our patch **test** population is within the range reported in Europe. Patients with tixocortol pivalate **hypersensitivity** tend to have **other** contact **allergens** on patch **testing**. Predisposing factors to tixocortol pivalate **hypersensitivity** include facial dermatitis and sensitivity to **other** contact **allergens**.
Record Date Created: 19980602
Record Date Completed: 19980602

20/7/62 (Item 62 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

12816363 **PMID:** 9565785
[Differentiated contact allergy lists serve in quality improvement]

Differenzierte Kontakt**allergen**listen dienen der Qualitatsverbesserung.
Brasch J; Geier J; Schnuch A
universitats-Hautklinik Kiel.
Der Hautarzt; Zeitschrift fur Dermatologie, Venerologie, und verwandte Gebiete (GERMANY) Mar 1998 , 49 (3) p184-91 , **ISSN:** 0017-8470--Print 0017-8470--Linking **Journal Code:** 0372755
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Through cooperation between the German Contact Dermatitis Research Group (DKG) and the Information Network of Departments of Dermatology (IVDK), results of standardized patch **tests**

performed by the participating centres are centrally recorded in Germany. For this study, data from 24 departments of dermatology (19678 patients) were evaluated retrospectively and separately for 1995 and 1996. With decreasing frequency, nickel, fragrance mix, balsam of peru, and thimerosal yielded positive reactions most often; surprisingly high numbers of positive reactions were also seen with amerchol L-101 and palladium. **Differ**entiated lists of **allergen**s were compiled for 1995, referring to subgroups of patients (defined by gender, age, localization of eczema, geographical region, occupation, sensitization) and particular problems. In men, percentages of positive reactions were markedly lower for nickel, fragrance mix and balsam of peru than in women. Younger patients reacted more often to thimerosal and older ones to topical medical preparations. Medical **allergen**s were also often positive in patients with leg eczema, whereas occupational **allergen**s were found more frequently in patients with hand eczema. A comparison of positive reactions obtained in distinct geographical regions was problematic because of **differ**ences between **test** populations. The spectrum of **allergen**s found in office workers was similar to that of the whole **test** population. Patients with positive reactions to nickel and fragrance mix had more positive reactions to unrelated **allergen**s than the total **test** population. Sex- and age-adjusted frequencies of sensitization revealed a decrease in reactions to nickel and an increase in reactions to mercury **allergen**s from 1995 to 1996. The clinical relevance of mercury reactions was often not apparent. **Differ**entiated lists of **allergen**s can be used to improve the quality of **diagnostic** and prophylactic procedures in **allergic** contact dermatitis.
Record Date Created: 19980707
Record Date Completed: 19980707

20/7/71 (Item 71 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

12644959 **PMID:** 9426350
The first fully automated allergy analyser UniCAP: comparison with IMMULITE for allergy panel testing.

Costongs G M; Bas B M
Department of Clinical Chemistry, Maaslandziekenhuis, Sittard, The Netherlands.
European journal of clinical chemistry and clinical biochemistry - journal of the Forum of European Clinical Chemistry Societies (GERMANY) Nov 1997 , 35 (11) p885-8 , **ISSN:** 0939-4974--Print 0939-4974--Linking **Journal Code:** 9105775
Publishing Model Print
Document type: Comparative Study; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Automated immunoassay systems should be convenient to handle, flexible and give reliable results. To investigate the extent to which the UniCAP System met the above requirements, compared with the IMMULITE System, we compared the Phadiatop (UniCAP) and AlaTOP (IMMULITE) results of 110 patients with positive clinical **diagnose**s for inhalant **allergy**. In addition, we compared food screening **test** results of 103 patients with a clinical positive **diagnosis** for food, and 110 **test** results of controls with negative **diagnosis** for **allergy**. Phadiatop had a sensitivity of 96% and a specificity of 92%. AlaTOP had a sensitivity of 86% and a specificity of 94%. For food screening the results were: 75% sensitivity and 82% specificity for fx5 (UniCAP) and 63% sensitivity and 71% specificity for fp5 (IMMULITE). Furthermore, those samples for which the **test** results which were not in concordance with the clinical **diagnosis** were **tested** with the **follow- up** panel of the **different** screening **tests**. For the AlaTOP **follow-up** we had to use the DPC microplate System (Milenia), because single **allergen test**ing is not yet possible on the IMMULITE System. With regard to sensitivity, the UniCAP specific inhalant **allergen test**s and the original Phadiatop results showed closer agreement with each **other** than did the Milenia specific **allergen** results with the AlaTOP. The specificity of the single inhalant **allergen tests** was the same for both systems. For food **allergy test**ing the UniCAP System shows closer agreement between the screening and the follow-up results than does the IMMULITE.

The hands on time for loading 44 samples was practically the same for both systems, but for the **follow-up tests** the Milenia System is used next to the IMMULITE. Therefore from a logistical point of view the UniCAP System is more convenient. From these results we conclude that both logistically and clinically UniCAP seems to meet our requirements better than the IMMULITE.
Record Date Created: 19980128
Record Date Completed: 19980128

20/7/86 (Item 86 from file: 155)
DIALOG(R)File **155:** MEDLINE(R)

11537352 **PMID:** 7772483
Reactions to other corticosteroids in patients with allergic contact dermatitis from hydrocortisone.

Wilkinson S M; Hollis S; Beck M H
Skin Hospital, Salford, U.K.
British journal of dermatology **(** ENGLAND) May 1995 , 132 (5) p766-71 , **ISSN:** 0007-0963--Print 0007-0963--Linking **Journal Code:** 0004041
Publishing Model Print
Document type: Comparative Study; Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
It has been proposed that corticosteroid cross-reactions occur more frequently within structurally well-defined groups. To **test** this hypothesis we have compared the patch-**test** reactions to **other** corticosteroids in 96 patients **allergic** to hydrocortisone. We found that our data did not agree with the previously proposed classification. The presence of a substitution at the C6 or C9 position was the most important factor in **determining** whether a patient would be **allergic** to **another** corticosteroid. This information should facilitate the choice of an alternative corticosteroid in patients **allergic** to hydrocortisone, if facilities for patch **testing** to **other** corticosteroids are not available.
Record Date Created: 19950713
Record Date Completed: 19950713

20/7/105 (Item 105 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

10768172 **PMID:** 8318147
Detection of antifood IgE by in vitro tests and diagnosis of food allergy.

Moneret-Vautrin D A; Kanny G; Halpern G
Dept. of Clinical Immunology and Allergology, Centre Hospitalier Universitaire de Nancy, Hopital de Brabois, Vandoeuvre.
Allergie et immunologie **(** FRANCE) May 1993 , 25 (5) p198-204 , **ISSN:** 0397-9148--Print 0397-9148--Linking **Journal Code:** 0245775
Publishing Model Print
Document type: Comparative Study; Journal Article; Review
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
The **diagnosis** of IgE-dependent food **allergy** relies on the demonstration of specific IgE by prick

tests or biological **test**s. A radioimmunoassay (RAST Phadebas) is completed by several immuno-enzymatic methods: RAST Phadezym, FAST, MAST-CLA, AlaSTAT, etc. The **allergen** is bound to solid or liquid phases, by **differ**ent binding agents. Various enzyme-substrate systems, and several systems for expression are used (RIA, fluorescence, chemoluminescence, colorimetry, etc.). An**other** aspect of modern technics is the trend towards high automated processes. A **second** group of **test**s aims to detect the release of mediators from sensitized basophils: leucocyte histamine release **test**, human basophil degranulation **test** and a leucocyte leukotriene release **test**. The specificity of **test**s for detection of anti-food IgE is lessened by numerous cross reactivities between pollens, fruit, and vegetable. The study of the sensitivity of such **test**s needs strictly standardized food challenge **test**s in order to firmly **establish** the **diagnos**is of food **allergy**. Multiscreen **test**s have to be assessed, in order to validate their efficacy for detecting frequency **allergen**s. Whatever the **test** to be used, its positivity means only sensitization, and food challenge **test**s are mandatory to recognize true food **allergy**, as latent sensitization to food is a current phenomenon in atopic children. The possibility of reliable **diagnos**is of food **allergy** by using challenge **test**s makes now possible and advisable to set up quality controls for all biological **test**s applied to the detection of antifood IgE, thanks to the possibility to dispose of reference sera. (33 Refs.)
Record Date Created: 19930803
Record Date Completed: 19930803

20/7/164 (Item 14 from file: 972)
DIALOG(R)File 972: EMBASE

0078825149 **EMBASE/ MEDLINE No:** 2001431560
Systemic reactions to antibiotics

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Corresp. Author/ Affil: Mendelson L.M.: CT Asthma and **Allergy** Center, 836 Farmington Avenue, West Hartford, CT 06119, United States

Immunology and **Allergy** Clinics of North America (Immunol. **Allergy** Clin. North Am.) (United States) December 24, 2001 , 21/4 (679-697)
CODEN: INCAE **ISSN:** 0889-8561
Document Type: Journal ; Review **Record Type:** Abstract
Language: English **Summary language:** English
Number of References: 111

Though anaphylactic and anaphylactoid reactions to antibiotics are relatively uncommon, physicians frequently are faced with managing patients who have histories of adverse reactions to antibiotics that may place these patients at risk of severe **allergic** reactions in the future. Most of these patients are denied access to the medications needlessly because they did not experience truly **allergic** reactions or they have lost their antibiotic sensitivity over time. The label of antibiotic **allergy**, once made, is often life long and results in unnecessary treatment with **other** medications that may be less efficacious or more costly. Elective penicillin skin **test**ing can help countless patients correct the erroneous label of penicillin **allergic**. Although reliable **diagnos**tic **tests** for **other** classes are presently lacking, allergists also can play a valuable role in the management of patients with reported **allergie**s to nonpenicillin antibiotics by using the approaches discussed in this article.

20/7/168 (Item 18 from file: 972)
DIALOG(R)File 972: EMBASE

0078186095 **EMBASE/ MEDLINE No:** 2000235434
Hazelnut allergy. Validation of diagnostic procedures on the basis of double-blind placebo-controlled food challenges

Haselnuss**allergie**. Validierung der **diagnos**tischen verfahren anhand der doppelblinden, plazebokontrollierten nahrungsmittelprovokation

Ballmer-Weber B.K.; Vieths S.; Bucher Ch.; Luttkopf D.; Wuthrich B.
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Corresp. Author/ Affil: Ballmer-Weber B.K.: **Allergie**station, Dermatologische Klinik, Universitatsspital Zurich, Gloriastrasse 31, CH-8091 Zurich, Switzerland

Allergologie (Allergologie) (Germany) June 1, 2000 , 23/6 (285-291)
CODEN: ALLRD **ISSN:** 0344-5062
Document Type: Journal ; Article **Record Type:** Abstract
Language: German **Summary language:** English; German
Number of References: 27

Hazelnut is one of the most-frequent causes of food **allergy**. The **diagnos**is is based on patient's history, detection of specific IgE (CAP) and positive skin prick **test**. However, the properly performed double-blind, placebo-controlled food challenge (DBPCFC) is the only scientifically accepted **test** for the confirmation of food **allergy**. **Other diagnos**tic methods can be validated only in patients, in whom **allergy** was confirmed by DBPCFC. So far, DBPCFC with hazelnut has never been performed. In this study, 23 patients with the history of an **allergy** to hazelnut underwent DBPCFC. Furthermore, skin prick **tests** with **different** hazelnut and pollen extracts, **determin**ation of specific IgE to hazelnut, to pollen from hazel and birch, and to the main birch **allergen**s Bet v 1 and Bet v 2 were performed. Nineteen patients showed a positive DBPCFC. All of them complained about an oral **allergy** syndrome. In addition, one patient suffered from rhinoconjunctivitis with a delay of 4 hours. All patients were sensitized to pollen from hazel and birch and to Bet v 1. Just 5 patients showed specific IgE to Bet v 2. The sensitivity of skin prick **test** for hazelnut proved to be in these patients 84 - 95% (depending on the extract). The sensitivity for the **determin**ation of specific IgE (CAP) was 79%. In conclusion, skin prick **test** and CAP method proved to be in conjunction with the case history quite reliable for the **diagnos**is of **allergy** to hazelnut.

20/7/189 (Item 39 from file: 972)
DIALOG(R)File 972: EMBASE

0075824854 **EMBASE/ MEDLINE No:** 1994241752
Metal allergy in scoliotic patients treated by subcutaneous Harrington instrumentation

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Croatian Medical Journal (CROAT. MED. J.) (Croatia) August 22, 1994 , 35/2 (108-110)
CODEN: CMEJE **ISSN:** 0353-9504
Document Type: Journal ; Article **Record Type:** Abstract
Language: English **Summary language:** English

Aim. To investigate metal **allergy** in scoliotic patients with Harrington rod. Method. 25 patients treated for infantile and juvenile idiopathic scoliosis with subcutaneous Harrington instrumentation in the Department of Ortopedics, Clinical Hospital Center Zagreb **test**ed for metals (chromium, nickel. cobalt and scrapings of Harrington rod) by epicutaneous patch **test**. Results. Histological analysis of the tissue around a metal Harrington rod (HR) **establish**ed the presence of delayed type **hypersensiti**vity cells and metal debris. Patch **test**ing for metals yielded positive results in 6 patients (25%). Conclusion. It may be advisable to perform patch or **other** sensitization **test** before surgical implantation of Harrington rod. In case of positive results, metal alloy safe against **allergic hypersensiti**vity should be used to eliminate the risks of complications caused by **allergic** reaction to metal implant.

0070113703 **EMBASE/ MEDLINE No:** 1974113808
Gastrointestinal allergy in pediatrics

ASPECTOS PEDIATRICOS DE LA ALERGIA GASTROIN**TEST**INAL
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Dept. Ped. Puericult., Fac. Med., Univ. Barcelona, Spain
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Allergologia et Immunopathologia (ALLERGOL. IMMUNOPATHOL.) December 1, 1973 , 1/4 (247-258)
CODEN: AGIMB **ISSN:** 0301-0546
Document Type: Journal **Record Type:** Abstract
Language: Spanish

Many abdominal or alimentary disorders in infancy are either un**diagnose**d or labelled with a rather imprecise **diagnos**is such as umbilical colic, celiac like syndrome, etc. In the author's experience, those processes must be investigated from an **immunoallergic** standpoint as they are often due to a gastroin**test**inal **allergy**, mostly induced by food. Milk, eggs, cereals and some fruits are the most frequent culprits in children. Abdominal symptomatology is protean, but pain, in**test**inal upsets (diarrhea or constipation), vomiting and hemorrhages are almost always present to a greater or lesser degree. Among them, the most frequent symptom is recurrent pain, of varying intensity, even of a colic character, which sometimes must be treated surgically. **Differe**nt endogenous etiopathogenic factors (constitution and heredity) are analyzed, as well as the eventual involvement of secretory IgA deficiency at the in**test**inal mucosal level in the sensitization process. **Diagnos**tic procedures are analyzed, which both investigate the **allergic** sensitivity and **determin**e the particular food **allergen**. From a review of 10 cases studied, the author analyzes the value of anamnesis, skin **test**s, leukopenic index (Vaughan **test**), radiology and the therapeutic **test** of the exclusion of the suspected food. The skin **test**s and the leukopenic index, as well as **other tests** not mentioned which investigate the alimentary **allergy** are not useful laying the responsibility of the process at the digestive system level, but are able to cast light on the sensitization to the assayed food, without accurately **determin**ing the affected organ. Radiological exploration by means of simple transit with barium and later with a mixture of contrast medium and the suspected food is, from the author's experience a valuable measure in **diagnos**ing the food participation in the digestive process. A comparison of the 2 series of X rays allows the collection of valuable data. The simple transit may already be accelerated in the first radiological series, but in a positive **test** the acceleration is much more obvious in the **second** series of plates. The hypersecretion at the mucosal level dilutes the contrast medium, fragmenting it to a great extent and resulting in characteristic snowflake like images. Spasms of the in**test**inal musculature often result in a 'heaped coin like' hypercontractility. Summarizing the data obtained from the radiological **exam**ination are hyperkinesia, dyskinesia, disintegration of the contrast medium (snowflakes) and the hypercontractility. Although it is unnecessary to emphasize that radiology does not provide absolutely pathognomic data, it is evident that the **differe**nt clinical pictures stated as

being more characteristic in infancy, manifest **differ**ently, allowing a good **diagnos**tic guideline to a skilled radiologist. Lastly, following the experience described above the suppression **test** confirms the radiological results as the abdominal or gastroin**test**inal disorders disappear or are markedly improved.

20/7/239 (Item 89 from file: 972)
DIALOG(R)File 972: EMBASE

0044038387 **EMBASE/ MEDLINE No:** 2008027225C
Identification of the allergic child

Rapaport H.G.
Ped. **Allergy** Clin., Mount Sinai Hosp., New York, NY, United States
Corresp. Author/ Affil: Rapaport H.G.: Ped. **Allergy** Clin., Mount Sinai Hosp., New York, NY, United States

New York State journal of medicine (N.Y. St. J. Med.) December 1, 1964 , 64/15 (1945-1947)
ISSN: 0028-7628
Document Type: Journal ; Article **Record Type:** Abstract
Language: English **Summary language:** English

Two important factors in **identi**fication of the **allergic** child are wheezing and recurrence or chronicity of symptoms. **Other** factors are given certain values in the author's **Allergic** Index. The **diagnos**is based on a thorough **allergic** history, physical **exam**ination, and **test**s, of which the scratch **test** is the most commonly used. **Other** skin **tests** include intradermal and patch **test**s, and ophthalmic and provocative **test**s may be used under certain circumstances.

20/7/240 (Item 90 from file: 972)
DIALOG(R)File 972: EMBASE

0041921470 **EMBASE/ MEDLINE No:** 2008160014C
Recognition of the allergic child

Rapaport H.G.
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Clinical Pediatrics (Clin. Pediat.) December 1, 1963 , 2/5 (247-250)
ISSN: 0009-9228
Document Type: Journal ; Article **Record Type:** Abstract
Language: English **Summary language:** English

The author discusses the **identi**fication of **differ**ent **allergic** symptoms in children. The author developed an **allergic** index of common and uncommon clinical conditions and factors symptomatic for **allergy** and gives the 'weight unit' of these factors. The **different** specific **tests** for recognizing the **allergen**s are described. The author emphasizes the importance of early **diagnos**is.

20/7/256 (Item 106 from file: 972)
DIALOG(R)File 972: EMBASE

0013147108 **EMBASE/ MEDLINE No:** 2007417143C
Rheumatoid arthritis. Food allergy as a factor

Zeller M.

Annals of **allergy** (Ann. Allerg. Saint Paul) December 1, 1949 , 7/2 (200-205)
ISSN: 0003-4738
Document Type: Journal ; Article **Record Type:** Abstract
Language: English **Summary language:** English

Case histories are given of four patients as evidence that food **allergy** is a factor in rheumatoid arthritis. In the cases reported there was a history of **allergy** in the family, of foods producing **allergic** symptoms and the presence of **other allergies**. Skin **tests** were negative except for house dust in one case. Ingestion **tests** with foods were made, producing not only exacerbations of joint symptoms, but also **other allergic** manifestations such as gastro-in**test**inal or nasal symptoms. Striking improvement was noted following exclusion of the food antigens, and the arthritis symptoms were reproduced by ingestion of the offending foods on repeated occasions. The evidence **establishes** food **allergy** as a component in the production of rheumatoid arthritis in some cases.

20/7/258 (Item 2 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)

17653292 **Biosis No.:** 200400024049
ADVERSE REACTIONS TO FOOD IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE (IBD)
.

Author: Momma Michael (Reprint); Steder-Neukamm Ulf; Wedemeyer Jochen; Manns Michael P; Bischoff Stephan C
Author Address: Hannover, Germany** Germany
Journal: Digestive Disease Week Abstracts and Itinerary Planner 2003 p Abstract No. S1752 2003 2003
Medium: e-file
Conference/ Meeting: Digestive Disease 2003 FL, Orlando, USA May 17-22, 2003; 20030517
Sponsor: American Association for the Study of Liver Diseases
American Gastroenterological Association
American Society for Gastroin**test**inal Endoscopy
Society for Surgery of the Alimentary Tract
Document Type: Meeting; Meeting Poster; Meeting Abstract
Record Type: Abstract
Language: English

Abstract: Patients with IBD frequently report a history of food intolerance which might be related to IBD pathophysiology. It is unclear to which extent such intolerances are based on food **allergy** defined as a immune-mediated reaction, or caused by **other** mechanisms, since reliable **diagnos**tic means to confirm food **allergy** are lacking. Therefore, the prevalence of food **allergy** and intolerance in IBD patients is largely unknown. In cooperation with the German IBD patients organization DCCV we produced a questionnaire to **identify** IBD patients with food **allergies** or intolerances. This questionnaire was sent to 15.500 DCCV members of whom 10% responded enabling us to include 1430 patients with IBD (58% CD, 39% UC, median age 40 +- 12 yrs) in our analysis. Furthermore, a

control group consisting of 175 blood donors with no IBD (median age 38 +- 11 yrs) was recruited. All individuals were asked in detail for **allergic** diseases, results of previous **diagnos**tics, and reliable adverse reactions to foods. 74% of the IBD patients indicated adverse reactions to food, compared to 16% in the control group. In the IBD group a higher prevalence of bronchial asthma (8.4%, vs 2.3% in the control group), **allergic** rhinitis (28% vs 18%), atopic dermatitis (26% vs 4.6%), positive family history of **allergy** (41% vs 25%) was reported (all p < 0.005). Elimination diet improved symptoms in 67% of the IBD patients, but only in 11% of the control group. We considered food **allergy** as a probable cause of symptoms warranting **further examinations**, if food intolerance was accompanied by a history of **allergic** skin or respiratory disease, a history of **allergic** disease among 1st grade relatives, and a clear improvement of symptoms after specific food elimination. 35% of IBD patients and 10% of controls (p < 0.001) fulfilled two out of three of these criteria, and thus we invited these individuals for detailed **diagnos**tics consisting of laboratory means and provocation **test**s. In conclusion, we found that adverse reactions to food is a serious phenomenon in patients with IBD, and that a relevant subgroup of patients is suffering most probably from immune-mediated food **allergy**..

20/7/265 (Item 9 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)

12333281 **Biosis No.:** 199497354566
Clinical evaluation of whole blood histamine release test simultaneously testing multiple allergens

Author: Tabe Kazuaki; Kaneko Fujito; Kawamura Noriyuki; Ootomo Mamoru; Maeda Yuji; Hayakawa Tetsuo; Hasegawa Maki; Akiyama Kazuo; Mita Haruhisa; Shida Takao; Miyamoto Terumasa
Author Address: Natl. Sagamihara Hosp. Clinical Res. Cent. Rheumato-Allergol., Japan** Japan
Journal: Japanese Journal of Allergology 43 (4): p 527-534 1994 1994
ISSN: 0021-4884
Document Type: Article
Record Type: Abstract
Language: Japanese

Abstract: We compared the efficacy of the novel histamine release **test** (HRT), which allows the **determin**ation of many **allergen**s at the same time using a small amount of whole blood, with **other** conventional **allergen diagnos**tic **test**s. HRT and RAST were both performed along with bronchial provocation **test**s (BPT) on 44 bronchial asthma patients in whom the etiologic **allergen** could not be **determin**ed by either intracutaneous **test**s (ICT) or ophthalmic response **test**s (ORT). The HRT uses a microtiter plate on which glass fibers have 10 kinds of **allergen**s affixed. The histamine release ability at 6 **differ**ent concentrations of each kind of **allergen** was **exam**ined. The concordance of HRT with respect to BPT was the highest at 82% in comparison with RAST at 66%, ICT at 55% and ORT at 60%. With each of the **allergen**s, HRT had the highest concordance with BPT. On the **other** hand, RAST, ICT and ORT showed **differ**ent results depending on the **allergen**s. The positive predictive value of HRT was the highest at 76% compared with PAST at 59%, ICT at 51% and ORT at 64%. From these results, we concluded that HRT is a more useful **diagnos**tic method for the confirmation of a clinical **allergy** than **other** conventional **diagnostic** methods.

20/7/272 (Item 16 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)

06554514 **Biosis No.:** 198273058441

CLINICAL AND DIAGNOSTIC ASPECTS OF UPPER RESPIRATORY TRACT ALLERGOSES OF CHEMICAL ORIGIN

Author: OSTAPKOVICH V E (Reprint); PANKOVA V B
Author Address: INST HYG IND DIS, ACAD MED SCI USSR, MOSCOW, USSR* *USSR
Journal: Vestnik Otorinolaringologii (1): p 19-23 1981
ISSN: 0042-4668
Document Type: Article
Record Type: Abstract
Language: RUSSIAN

Abstract: Based on clinico-allergologic **exam**ination of **differ**ent chemical industry workers, a **diagnostic** program was developed for **allergic** diseases of the upper respiratory tract having chemical genesis. The program includes investigation into the disease and **allergic** histories, evaluation of occupational routes, clinical **exam**ination of the patient and allergologic **exam**ination which consists of nonspecific and specific **test**ing. **Allergic** pathology of the upper respiratory tract in chemical industry workers is characterized by certain clinical aspects. The nasal challenge **test** with a chemical **allergen** should be regarded as the main **diagnost**ic method followed by evaluation of rhinocytologic and thermometric parameters.

20/7/281 (Item 25 from file: 5)
DIALOG(R)File 5: Biosis Previews(R)

0001471376 **Biosis No.:** 19644500092568
Respiratory allergy due to chemical compounds encountered in the rubber, lacquer, shellac, and beauty culture industries

Author: GELFAND H HAROLD
Author Address: Gouveneur Hosp., New York, N. Y., USA
Journal: JOUR **ALLERGY** 34 ((4)): p 374-381 1963 1963
Document Type: Article
Record Type: Abstract
Language: Unspecified

Abstract: Cases of respiratory **allergie**s encountered in the rubber, shellac and lacquer, and beauty culture industries are described. It is contended that specific chemicals employed in these industries may be antigenic and can result in the immediate type of **hypersensitivity**. In the cases described, inhalation of the specific chemical which was clinically incriminated, reproduced asthma and/or rhinitis, whereas the same inhalation **test** gave negative results in normal individuals or in **other** asthmatics whose asthma was not associated with the chemical. In addition, intracutaneous skin **test**s with the chemicals produced immediate wheal and erythema responses. Again, normal subjects and **other allergic** patients gave negative skin **test**s with the same materials. The sera from 2 patients **allergic** to ethylenediamine passively sensitized the skin of normal individuals as shown by wheal and erythema reactions when the sites were **test**ed in 24 hours with the specific chemical. This finding indicates that the transfer antibody is probably the same as skin sensitizing antibodies of atopic individuals. The patients frequently had **other allergie**s of the immediate type, such as ragweed hay fever, etc. A number also had dermatitis associated with their employment. Contact dermatitis has been recognized frequently in these industries and is based on experimental sensitization studies. It is assumed that the patients also had delayed **hypersensitivity**. **Diagnostic test**s to ascertain the antigen involved were not performed. ABSTRACT AUTHORS: Author

20/7/295 (Item 7 from file: 24)
DIALOG(R)File 24: CSA Life Sciences Abstracts

0000407923 IP Accession No: 1063141
Contact allergy: Predictive testing in humans.

Marzulli, FN; Maibach, HI Natl. Acad. Sci., 2101 Constitution Ave., N.W., Washington, DC 20037, USA
Editor: Marzulli, FN; Maibach, HI (eds)
, p 279-296 , 1983
Addl. Source Info: DERMATOTOXICOLOGY., 1983, pp. 279-296
Publication Date: 1983

Document Type: Book Monograph; Review
Record Type: Abstract
Language: English
ISBN: 089116250X
File Segment: Toxicology Abstracts; Immunology Abstracts

Abstract:
Investigative dermatologists employ basically **similar** patch **test** procedures to forecast the **allergen**ic potential of topical skin preparations in subjects without skin disease and to **diagnose** contact **allergy** in clinical patients. In **diagnostic test**s, a preparation is applied to a clinical patient's skin under an occlusive patch for 48 hr and the skin is evaluated for evidence of erythema, edema, or more severe skin changes occurring 24, 48, and 72 hr after removal of the patch. **Allergen**ic materials are thereby **identif**ied by reproducing skin disease on a small scale with offending chemicals. **Diagnost**ic **test** results obtained in this manner are finding their way into the scientific literature with increasing frequency.

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Cutis. 2000 May;65(5):307-11.

Multiple corticosteroid orally elicited allergic contact dermatitis in a patient with multiple topical corticosteroid allergic contact dermatitis.

Chew AL, Maibach HI.

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Abstract

Corticoid allergic contact dermatitis (ACD) may be topically or systemically elicited. Allergic contact dermatitis to topical corticosteroids is relatively common, whereas reports of orally elicited ACD to corticosteroids are rarer. Patients allergic to one corticosteroid often exhibit cross-reactivity to other corticoids. We have previously reported a 46-year-old woman with contact allergy documented by patch and provocative use testing to multiple topical corticosteroids. On further testing, she was thought to have multiple corticoid orally elicited ACD to triamcinolone, methyl prednisolone, dexamethasone, and prednisone. Oral provocation tests were performed in a single-blind fashion following the method of Alanko and Kauppinen [Diagnosis of drug eruptions: clinical evaluation and drug challenges. In, Skin Reactions to Drugs (Kauppinen K, Alanko K, Hannuksela M, Maibach HI, eds). Boca Raton, FL, CRC Press, 1998.]. The five oral corticosteroids tested were triamcinolone, methyl prednisolone, dexamethasone, prednisone, and hydrocortisone. Four of the five challenged corticosteroids (i.e., triamcinolone, methyl prednisolone, dexamethasone, and prednisone) produced a generalized maculopapular eruption in a delayed manner. The fifth challenged corticoid, hydrocortisone, had no adverse effect on this patient. This patient was unusual in that she exhibited polysensitivity to a spectrum of oral and topical corticosteroids. Hydrocortisone was identified as a corticosteroid for future clinical use. This is an important finding since corticosteroids are important emergency drugs.

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Multiple corticosteroid orally elicited allergic contact dermatitis in a patient with multiple topical corticosteroid allergic contact dermatitis

Ai-Lean Chew, Howard I Maibach. **Cutis**. Chatham: May 2000. Vol. 65, Iss. 5; pg. 307, 5 pgs

Abstract (Summary)

Corticoid allergic contact dermatitis (ACD) may be topically or systemically elicited. Allergic contact dermatitis to topical corticosteroids is relatively common, whereas reports of orally elicited ACD to corticosteroids are rarer. Patients allergic to one corticosteroid often exhibit cross-reactivity to other corticoids. We have previously reported a 46-year-old woman with contact allergy documented by patch and provocative use testing to multiple topical corticosteroids. On further testing, she was thought to have multiple corticoid orally elicited ACD to triamcinolone, methyl prednisolone, dexamethasone, and prednisone. Oral provocation tests were performed in a single-blind fashion following the method of Alanko and Kauppinen [Diagnosis of drug eruptions: clinical evaluation and drug challenges. In, Skin Reactions to Drugs (Kauppinen K, Alanko K, Hannuksela M, Maibach HI, eds). Boca Raton, FL, CRC Press, 1998.]. The five oral corticosteroids tested were triamcinolone, methyl prednisolone, dexamethasone, prednisone, and hydrocortisone. Four of the five challenged corticosteroids (i.e., triamcinolone, methyl prednisolone, dexamethasone, and prednisone) produced a generalized maculopapular eruption in a delayed manner. The fifth challenged corticoid, hydrocortisone, had no adverse effect on this patient. This patient was unusual in that she exhibited polysensitivity to a spectrum of oral and topical corticosteroids. Hydrocortisone was identified as a corticosteroid for future clinical use. This is an important finding since corticosteroids are important emergency drugs.

Full Text (2376 words)

[Headnote]

Corticoid allergic contact dermatitis (ACD) may be topically or systemically elicited. Allergic contact dermatitis to topical corticosteroids is relatively common, whereas reports of orally elicited ACD to corticosteroids are rarer. Patients allergic to one corticosteroid often exhibit cross-reactivity to other corticoids. We have previously reported a 46-yearold woman with contact allergy documented by patch and provocative use testing to multiple topical corticosteroids. On further testing, she was thought to have multiple corticoid orally elicited ACD to triamcinolone, methyl prednisolone, dexamethasone, and prednisone. Oral provocation tests were performed in a single-blind fashion following the method of Alanko and Kauppinen [Diagnosis of drug eruptions: clinical evaluation and drug challenges. In, Skin Reactions to Drugs (Kauppinen K, Alanko K, Hannuksela M, Maibach HI, eds). Boca Raton, FL, CRC Press,1998.] The five oral corticosteroids tested were triamcinolone, methyl prednisolone, dexamethasone, prednisone, and hydrocortisone. Four of the five challenged corticosteroids (i.e., triamcinolone, methyl prednisolone, dexamethasone, and prednisone) produced a generalized maculopapular eruption in a delayed manner. The fifth challenged corticoid, hydrocortisone, had no adverse effect on this patient. This patient was unusual in that she exhibited polysensitivity to a spectrum of oral and topical corticosteroids. Hydrocortisone was identified as a corticosteroid for future clinical use. This is an important finding since corticosteroids are important emergency drugs.

Allergic contact dermatitis (ACD) to topical corticosteroids is relatively common, having been reported in frequencies of 2.3 to 4.99'o in recent studies involving many patch-tested patients.1-5 Patients allergic to one topical corticosteroid often exhibit cross-reactivity to other topical corticoids. Corticosteroids may also sensitize subjects when used orally, parenterally, or intralesionally, although these modes of sensitization are presumed less common. Reactions to ingested, parenteral, or intralesional corticoids usually occur in patients previously sensitized by percutaneous absorption of a topically applied corticoid. Lauerma et alb documented this phenomenon: four patients who had known ACD to topical group A corticosteroids all experienced cutaneous reactions following administration of oral hydrocortisone.

We have previously reported a case of a 46-year-old woman with contact allergy to multiple topical corticosteroids, as evidenced by extensive patch tests and provocative use tests (PUT/ROAT).7 The results from this previous

study are summarized in Table I. Because this woman initially presented with chronic dermatitis, which flared up after taking oral prednisone, further testing was performed using oral challenges. She was subsequently thought to also have multiple corticoid orally elicited ACD to triamcinolone, methyl prednisolone, dexamethasone, and prednisone.

Materials and Methods

Oral provocation tests were performed in a singleblind fashion under strict medical supervision. Patch testing and PUT/ROAT had been performed (see above) more than one year previously. The patient was deemed free of active dermatitis at times of entry to each oral challenge. The five oral corticosteroids tested were triamcinolone, methyl prednisolone, dexamethasone, prednisone, and hydrocortisone. Each drug was tested at separate times. For each drug, a test dose was administered orally in the morning (day 1). The patient was allowed to eat normally, but was not given any other medications. Clinical symptoms and signs were recorded after 1 hour, then at hourly intervals for 10 hours, then at 24 hours a The state of the skin, body temperature, pulse rate, and blood pressure were routinely recorded. If at 24 hours (day 2), the drug produced no reaction, then a further dose of the same drug was given. This subsequent dose was usually higher than the previous one, if the previous dose was deemed too low. If no eruption appeared, then yet another dose of the same drug was administered on day 3. Details of the oral provocation tests of this patient are shown in Table II.

Results

In the previous study involving patch testing and PUT/ROAT, the patient was found to be allergic to 23 corticosteroids, but seemed to tolerate hydrocortisone, tixocortol-21-pivalate, and prednicarbate, as documented by negative patch tests, with or without PUT/ROAT. Hydrocortisone and tixocortol are both class A corticoids, so it was postulated that she might tolerate other class A drugs such as prednisone and methyl prednisolone. As can be seen from the results of the oral challenges, this was not the case.

Table 1

In the oral provocation tests, four of the five orally challenged glucocorticoids, i.e., triamcinolone, methyl prednisolone, dexamethasone, and prednisone, produced similar results-a generalized maculopapular eruption in a delayed manner (see Table II). No systemic reactions were observed. Each eruption gradually subsided upon withdrawal of each drug and inert therapy such as emollients. The fifth challenged corticoid, hydrocortisone, had no adverse effect on this patient.

Discussion

Allergic contact dermatitis is usually produced by external exposure of the skin to an allergen. In sensitized individuals, such as this patient, a systemically administered allergen may occasionally reach the skin through the circulatory system and produce a dermatitis clinically resembling a maculopapular drug reaction.9 Although systemic administration, including oral, parenteral, and intralesional routes, may produce this condition, the first sensitizing exposure to the allergen was probably topical.9 Ingestion of an allergen by such a person may result in various morphologic responses, for example, a generalized eczematous response or maculopapular-like drug eruptions, such as in our case, or more focal flares at sites of previous dermatitis, and may sometimes be accompanied by more systemic effects, like nausea and general malaise.10

Reports of orally elicited ACD to corticosteroids are rare in comparison to topical ACD. Prednisolone is by far the most commonly implicated.11-15 Reports of other orally elicited corticoids exist, but are scarce, as are reports of oral challenges to verify these sensitivities.

From the results of our prior study and of this study, it would seem that this unusual patient is not only sensitized to a spectrum of topical corticoids, but also has multiple corticoid orally elicited ACD. The management of any patient with ACD, be it systemically induced or topically induced, is elimination or minimization of the involved medications. This obviously poses a clinical problem for this patient, who is allergic to such a range of corticoids and yet may require medication for her long-standing dermatitis. Indeed, corticosteroids have long been established as a major therapeutic option for ACD. Moreover, corticoids are an important emergency drug, thus it is crucial that one be identified for future use.

Table II

Coopman et al.16 have suggested four major classes of corticosteroid allergens, grouped according to substitutions at the C17 and C21 positions (i.e., in the D-ring), based on the frequency of cross-reactivity. These four classes are class A (hydrocortisone typeno methyl substitution on C16, no side chain on C17, possibly short side chain on C21), class B (triamcinolone acetonide type-cis diol or ketal function on C16 and C17, possibly a side chain on C21), class C (betamethasone type- methyl substitution on C16, no side chain on C17, possibly a side chain on C21), and class D (hydrocortisone-17-butyrate type-side chain ester on C17). However, many exceptions occur with these groups and further refinement is being performed. For instance, based on computer analysis of extensive patch test results, Mihaly17 has suggested further subclassification of group D into D1 (methyl substitution on C16 and halogenation on the base structure, side chain ester on C17, and possibly on C21) and D2 (no methyl substitution on C16 and no halogenation of the four ring structure, side chain ester on C17, possibly on C21). In our patient, crossreactivity is a likely mechanism, since she had not previously been exposed to several of the tested corticoids, although concomitant sensitivities cannot be ruled out. On testing, sensitivities did not seem to fall into the Coopman-defined categories. Methyl prednisolone, prednisone, and hydrocortisone belong to class A, triamcinolone to class B, and dexamethasone to class C. (Oral class D corticoids are uncommon, therefore, oral challenge was not performed with a class D corticoid.) In fact, the accumulative results of her patch tests, PUT/ROAT, and oral challenges demonstrate that her corticoid allergies span the entire selection of corticoid categories.

More recent studies by Wilkinson et aL.'e'9 on corticosteroid cross-reactions have demonstrated that the major determinant of cross-reactions is substitution at the C6 and C9 positions of the corticosteroid, i.e., in the B-ring. The D-ring substitutions (i.e., C16 and C17) were found to be important, but to a lesser extent, while substitutions at C21 had no significance at all. In these studies, they found that in hydrocortisone and budesonide allergy, the antigenic determinant was located in the B-ring. They demonstrated that patients sensitized to hydrocortisone and budesonide were most likely to react to other non-C6 and non-C9 substituted corticosteroids. Further work is necessary to determine whether these results apply to other corticosteroids.

Coopman et al.16 also suggested the use of marker corticoids for corticosteroid allergies, for example, tixocortol pivalate as a screening agent for group A corticoids. Studies have validated this. For example, Burden and BeckS found 90.8% sensitivity to tixocortol pivalate among 131 cases of corticosteroid sensitivity. Our patient, however, showed no reaction to tixocortol or hydrocortisone, and yet reacted strongly to methyl prednisolone and prednisone, also group A corticoids. One explanation for this may be poor absorption of the topical corticosteroid into the skin during patch testing. For example, in one study, 1 mg hydrocortisone in petrolatum caused a reaction in only 2 of 24 patients suspected of hydrocortisone allergy, whereas 1 mg hydrocortisone administered intradermally caused reactions in all 24 patients.22 Commercial preparations of corticosteroids are sometimes used in patch testing for this reason, since they contain excipients that enhance skin penetration, thereby increasing bioavailability.21 Another explanation may be the anti-inflammatory nature of corticosteroids,22,23 which may result in false negatives. Because of this effect, delayed readings are sometimes helpful. For instance, although I% tixocortol pivalate showed no reaction at 96 hours, a positive patch test reaction was observed at 120 hours.

Table III

Provocative use tests (PUT/ROAT) have similar limitations to patch testing, such as poor percutaneous penetration. Intradermal testing avoids this penetration barrier, and has yet to be tested on this patient.

Conclusion

Corticoid ACD may be topically or systemically elicited. Patch tests or PUT/ROAT are useful in determining ACD to topical medications, and the oral provocation test is a safe and effective method of detecting orally elicited ACD. Alanko and Kauppinen8 provide details and principles of drug challenges derived from vast clinical experience. This information has been summarized in Table III.

Our case report typifies the usual patient with ACD to corticosteroids, who presents with a chronic dermatitis and is either unresponsive or deteriorates with corticosteroid therapy. However, our case is unusual in that she exhibited polysensitivity to a spectrum of oral as well as topical corticosteroids. This polysensitivity imposes severe clinical limitations for treatment of her dermatitis. We have, however, finally identified an oral glucocorticoid that she can tolerate-hydrocortisone-and additional oral corticoid challenges are contemplated.

Acknowledgements-We are extremely grateful to Dr Antti Lauerma from the Department of Dermatology and Venereology, University of Helsinki, for his expertise and constructive advice in preparing this article.

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Author Affiliation:	From the University of California, San Francisco, California. REPRINT REQUESTS to Dr. H. I. Maibach, Department of Dermatology, University of California, Surge 110, Box 0989, 90 Medical Center Way, San Francisco, CA 94143 (Dr. Maibach).
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              CAUSING OR CAUSES
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S11        36   RD  (unique items)
S12     67832   ALLERG? OR HYPERSENSITIV?
S13       185   S8(S)S12(S)S2
S14     19497   EQUATION? ? OR FORMULA? ? OR CALCULATION? ? OR VALUE? ?
S15      6943   S14(S)S7
S16         0   S159S)S9
S17      1126   S15(S)S9
S18      3195   S14(10N)S7
S19       385   S18(S)S9
S20       297   S19 AND S12
S21       491   S18(20N)S12
S22      2539   S14(5N)S7
S23       438   S22(S)S2 (S)S12
S24      1982   EQUATION? ? OR FORMULA? ? OR CALCULATION? ?
S25       245   S24(S)S7(S)S1(S)S2
S26       430   S13 OR S25
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S27       206   RD  (unique items)
S28       168   S27 AND S12
S29       177   S25 AND S12
S30       362   S13 OR S29
S31       168   RD  (unique items)
S32       140   S31 NOT S10
S33       140   S32 AND S1 AND S2
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11/7/5 (Item 5 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

14129441 **PMID:** 11217622 **Record Identifier:** PMC1313924
Childhood asthma: can computers aid detection in general practice?

Kable S; Henry R; Sanson-Fisher R; Ireland M; Corkrey R; Cockburn J
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British journal of general practice - the journal of the Royal College of General Practitioners (England) Feb 2001 , 51 (463) p112-6 , **ISSN:** 0960-1643--Print **Journal Code:** 9005323
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BACKGROUND: Childhood asthma remains underdiagnosed in general practice. Computers with a patient interface have the potential to screen children for asthma in a time-efficient manner. AIM: To develop a concise, validated self-report measure that calculates an 'asthma score' that predicts likelihood of asthma and its severity in childhood. DESIGN OF STUDY: Computerised questionnaire survey in general practitioners' (GPs') waiting rooms, followed by a written **questionnaire** and either bronchial challenge or skin **allergy** testing at the regional teaching hospital. SETTING: Children between 18 months and 18 years old accompanied by a parent or guardian in five group practices in Newcastle in New South Wales, Australia. METHOD: The responses from both the **computerised** questionnaire and the written questionnaire were compared with physician assessment of asthma, based on an existing validated questionnaire and clinical tests. RESULTS: Six items were identified to be independently and significantly associated (at $P < 0.05$) with the presence of asthma and its severity: parent or self-reported asthma, previous **diagnosis**, wheeze in the past year, physical activity affected by symptoms, night cough in the past year, and visits to a GP in the past year. From the regression model a linear score was derived that indicates whether a child is likely to have asthma and its likely severity. CONCLUSIONS: The asthma score is a valid indicator of asthma and its severity in children in general practice.

11/7/10 (Item 10 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

13773093 **PMID:** 10845441
Repeatability of the ISAAC video questionnaire and its accuracy against a clinical diagnosis of asthma.

Fuso L; de Rosa M; Corbo G M; Valente S; Forastiere F; Agabiti N; Pistelli R
Department of Respiratory Physiology, Catholic University, Rome, Italy.
Respiratory medicine (ENGLAND) Apr 2000 , 94 (4) p397-403 , **ISSN:** 0954-6111--Print
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The objective of the study was to evaluate the performance of the International Study of Asthma and Allergies in Childhood (ISAAC) video **questionnaire** in terms of repeatability and accuracy against a clinical **diagnosis** of asthma achieved according to the National Heart, Lung and Blood Institute (NHLBI) **algorithm**. Two hundred and forty-one subjects, aged 13-14 years from two secondary schools in Rome, Italy, were enrolled. Video and written ISAAC questionnaires were completed twice, 3 months apart, by 194 and 190 adolescents, respectively. Two months later, 106 subjects were visited by two physicians blinded to the results of questionnaires. Sixteen subjects were classified as having clinical asthma (CA) at the clinical visit, and eight of them as having clinical active asthma (CAA) on the basis of at least one positive outcome of the NHLBI **algorithm**. The repeatability of video questionnaire was similar to that of the written questionnaire for items on exercise wheeze and nocturnal cough and, to a lesser degree, for items concerning any wheeze in the past. The video questionnaire showed a worse performance than the written questionnaire for items on asthma attack: K-value (95% CL) = 0.59 (0.37-0.80) for video scene no. 5 and K-value (95% CL) = 0.86 (0.74-0.98) for written question no. 6. The overall accuracy of the video questionnaire, estimated as a positive answer to any video scene, was lower in terms of sensitivity than that of any written question when CA was used as a gold standard (0.50 vs. 0.81, P=0.025) and increased with respect to CAA (0.75 vs. 0.87, P = 0.317). The specificity of any video scene was better than that of any written question, independently from the gold standard used. In conclusion, the video questionnaire showed a fairly good accuracy, although slightly lower than that of the written questionnaire and provided sufficiently reliable results. However, samples of subjects from different geographic areas and cultures should be studied in order to conclusively define the performance of the ISAAC video questionnaire.

0077292904 **EMBASE No:** 1998203064
Double blind placebo-controlled food challenge - DBPCFC - Metodological aspects

Dvojite slepy placebem kontrolovany potravinovy expozicni - test - DBPCFC (double-blind placebo-controlled food challenge) - Metodicke aspekty
Kohout P.; Ettlerova K.
Klinika Gerontologicka a Metab., Fakultni Nemocnice, Sokolska 408, 500 05 Hradec Kralove, Czech Republic
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Number of References: 16

Food allergy is an excessive response to ingestion of a food caused by **immunological** mechanisms. The examination **algorithm** of food **allergy** includes a **record** of the case-**history**, physical examination, 'prick' skin tests, assessment of total and specific serum IgE a given food, success of an elimination diet. The gold standard in the **diagnosis** of food allergy is the double blind placebo-controlled food challenge. This test involves the oral administration of 13-15 g of the suspect food or indifferent powder serving as placebo in the course of 60 minutes. In order to eliminate food aversion the patient and attending staff or doctor evaluating the test do not know whether the patient is given the tested food or placebo. Only after evaluation of the symptoms the test is disclosed by the clinical monitor.

14212127 **PMID:** 11303377
Prevalence of self-reported allergic conditions in an adult population in Israel.

Shahar E; Lorber M
Institute of Allergy, Clinical Immunology and AIDS, Rambam Medical Center and Rappaport Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel.
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Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: Asthma, **allergic** rhinitis, and atopic dermatitis are leading causes of chronic diseases in developed countries, with at least one **allergic** condition troubling 10 to 20% of the general population. The few studies performed in Israel determined the prevalence of **allergic** conditions in selected populations (schoolchildren and soldiers); no study representative of the general population has previously been done. OBJECTIVES: To determine the prevalence of **allergic** conditions in the general population in Israel and the differences between ethnic and socioeconomic groups. METHOD: Using a **computer-assisted** telephone interview, a telephone **questionnaire** was conducted in a representative sample of the general Israeli population. RESULTS: Of the population studied, 14% claimed to have bronchial asthma, 14% **allergic** rhinitis, and 6% other **allergic** conditions. Prevalence rates were higher in the Israeli Arab population and in those with low income and low education levels. Of those with **allergic** conditions, 58% were treated by a primary physician, 32% were not treated at all, and only 10% were treated by a different specialist physician. CONCLUSIONS: The prevalence of **allergic** conditions in this study concurs with that found by other studies in developed countries. **Allergic** conditions are higher in the Israeli Arab population and in those with low income and low education level.

33/7/26 (Item 26 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

13265459 **PMID:** 10726405
[Incidence of allergic diseases in East and West Germany]

Haufigkeit **allergischer** Krankheiten in Ost- und Westdeutschland.
Hermann-Kunz E
Robert Koch-Institut, Berlin.
Gesundheitswesen (Bundesverband der rzte des ffentlichen Gesundheitsdienstes (Germany)) (GERMANY) Dec 1999 , 61 Spec No pS100-5 , **ISSN:** 0941-3790--Print **Journal Code:** 9204210 Publishing Model Print
Document type: Comparative Study; English Abstract; Journal Article
Languages: GERMAN
Main Citation Owner: NLM
Record type: MEDLINE; Completed
Using data of the German National Health Interview and Examination **Survey** 1998, a remarkable difference in the prevalence of hay fever between East and West Germany has been observed. Several studies in children and adults have also shown a considerable East-West divergence in other **allergic** diseases and in sensitisation rates. The aim of this investigation was to examine whether in a representative sample of the adult German population East-West differences in the frequency of asthma, atopic dermatitis, food **allergy**, urticaria, contact dermatitis and "other **allergies**" can be found. The **calculations** base on data of a physician's interview in which study participants were asked whether a physician had ever **diagnosed** one of the above mentioned diseases. A higher prevalence of all **allergic** diseases has been observed in West compared to East Germany and women from both parts of the country have higher morbidity rates than men. At least one physician-**diagnosed allergy** was reported by 40% of the study participants, whereas in East Germany about 30% and in the West 43% suffer from an **allergic** disease. The prevalence in women is 47% and in men 33%. Extremely high **allergy** rates were found among West German women at the age of 30-39 years (62%). Although the frequency of **allergies** decreases with increasing age, considerably high morbidity rates were ascertained even in the oldest age groups. The prevalence in participants aged 70-79 years amounts to 25%. Clear differences between East and West could be demonstrated in this age group, too (West 27% and East 14%).

33/7/27 (Item 27 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

13265458 **PMID:** 10726404
[Prevalence of hay fever in Germany--East-West comparison and temporal trends]

Heuschnupfenpravalenz in Deutschland--Ost-West-Vergleich und zeitlicher Trend.
Hermann-Kunz E
Robert Koch-Institut, Berlin.
Gesundheitswesen (Bundesverband der rzte des ffentlichen Gesundheitsdienstes (Germany)) (GERMANY) Dec 1999 , 61 Spec No pS94-9 , **ISSN:** 0941-3790--Print **Journal Code:** 9204210 Publishing Model Print
Document type: Comparative Study; English Abstract; Journal Article
Languages: GERMAN

Main Citation Owner: NLM
Record type: MEDLINE; Completed
In recent years several studies in children and adults have shown an increase in prevalence of atopic diseases in East and West Germany. The observed frequency of **allergic** diseases, however, was significantly lower in the East compared to the West. Using data of the German National Health Interview and Examination **Survey** 1998 and of National **Surveys** from 1990/92 it was examined, whether the reported increase in prevalence could be confirmed for the total population and whether the differences between East and West are still present. In a self-administered **questionnaire**, study participants were asked whether they have ever had hay fever. Additionally, in a physician's interview, subjects were asked whether a physician had ever **diagnosed** hay fever. The **questionnaire** data were used in comparison with the previous national **surveys** for the **calculation** of time trends. A total of 6974 persons filled in the **questionnaire** and 7099 persons took part in the interview. Physician-**diagnosed** hay fever was reported by 15% of the total study population. Clear differences in the prevalence rates between East and West Germany are still existing; 11% in the East and 17% in the West suffer from hay fever. In both parts of the country prevalence decreases with increasing age. The highest rates were found among those aged 20-29 and 30-39 years. Based on the **questionnaire** data the morbidity rose from about 10% in 1990/92 to 17% in 1998. The overall relative increase is quite comparable in East and West Germany. Stratification by age and gender shows considerable differences. In young women from East Germany the increase in prevalence is substantially higher and in women aged 40 years or older much lower than in West German women. In men this pattern has not been observed.

33/7/32 (Item 32 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

13053200 **PMID:** 9824406
Serum eosinophil cationic protein: distribution and reproducibility in a randomly selected sample of men living in rural Norfolk, UK.

Marks G B; Kjellerby J; Luczynska C M; Burney P G
Department of Public Health Medicine, UMDS St Thomas' Hospital, London, UK.
Clinical and experimental allergy - journal of the British Society for Allergy and Clinical Immunology (ENGLAND) Nov 1998 , 28 (11) p1345-50 , **ISSN:** 0954-7894--Print **Journal Code:** 8906443
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: It has been proposed that serum levels of eosinophil cationic protein (ECP) may be a clinically useful measure in **allergic** illness. The aim of this report is to describe the distribution and reproducibility of serum ECP levels in a population sample and to examine its relationship with other markers of disease. METHODS: The study was conducted in rural areas of Norfolk, UK in a random sample of men aged 20-44 years enriched with subjects drawn from general practice 'asthma registers'. Asthma symptoms were assessed using the EC Respiratory Health **Survey questionnaire**. Atopy was measured by skin prick tests and serum IgE. Airway hyperresponsiveness (AHR) was tested by methacholine challenge test. Serum IgE and ECP was measured by fluoroimmunoassay using the Pharmacia CAP system. Reference **equations** were derived in subjects from the random sample who did not have symptoms of asthma, abnormal lung function or AHR. The relation of serum ECP with various clinical characteristics was examined in the whole study population. Reproducibility of serum

ECP measurement was assessed in 57 subjects 4 weeks after the initial test. RESULTS: The study population comprised 311 from the random sample and 58 from the asthma sample. The reference **equation** for serum ECP for healthy men was log10 ECP = 1.3966 - [(age - 20) x 0.0057]. The estimated mean serum ECP for a 20-year-old man was 25 microg/L. Current smokers have higher serum ECP levels that non-smokers (P = 0.014). ECP levels were not related to the skin prick test reactivity, serum IgE, a **questionnaire**-based **diagnosis** of asthma, or impaired lung function (all P > 0.05). Levels were higher in subjects with AHR (P = 0.003) and those who reported wheeze (P = 0.017) but there was no clinically useful separation in ECP levels between subjects classified by these criteria. The test was moderately reproducible over a 4-week period (intraclass correlation coefficient = 0.62). DISCUSSION: Serum ECP levels were higher in this rural English population than reported in a comparable population in Sweden. Serum ECP is a reproducible test but cross-sectionally does not relate in any clinically useful way to markers of asthma. The meaning of between- subject differences in ECP levels requires further exploration.

12119601 **PMID:** 8885808

Incidence and prevalence of physician-diagnosed asthma in a suburban population of young adults.

Ownby D R; Johnson C C; Peterson E L
Department of Pediatrics, Henry Ford Health System, Detroit, Michigan 48202, USA.
Annals of allergy, asthma & immunology - official publication of the American College of Allergy, Asthma, & Immunology (UNITED STATES) Oct 1996 , 77 (4) p304-8 , **ISSN:** 1081-1206--Print
Journal Code: 9503580
Contract/Grant No.: AI 24156; AI; NIAID NIH HHS United States
Publishing Model Print
Document type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
BACKGROUND: Asthma is a common chronic disease of both children and adults, but there have been few reports of the incidence of asthma in well defined adult populations. OBJECTIVE: To determine the incidence and prevalence of asthma in a population of young adults living in suburban Detroit. METHODS: As part of a study of the development of **allergic** disease in children, the parents of 841 study children, from a defined, well characterized population, were **questioned** about their personal **histories** of **allergic** disease, including asthma, during the mother's pregnancy. The children have been followed from birth until 4 years of age. When the child became 4, the parents were again **questioned** about **allergic** disease. Those reporting asthma when the child was 4 but not prior to the child's birth, were recontacted to confirm that they had been **diagnosed** by a physician as having asthma in the 4-year interval. Because of prior reports concerning racial differences in the prevalence of asthma and the small number of non-white mothers in the study population, **calculations** of asthma prevalence and incidence were limited to the 760 mothers, who described themselves and their baby's father as white. RESULTS: The parents studied were young adults mean age 28.7 [(standard deviation (SD) 4.5 years] and 31.0 (SD 5.0) years, of mothers and fathers, respectively. These parents were relatively well educated with 30.7% of mothers and 43.5% of fathers having college degrees. The initial prevalence of a previous physician **diagnosis** of asthma was 7.5% [95% confidence interval

(95% CI) = 5.7-9.6] in the mothers and 6.9% (95% CI = 5.2-9.0) in the fathers, yielding a total prevalence of 7.2% (95% CI = 5.9-8.7) in these 1484 adults. Five hundred thirty-three mothers and 498 fathers (total = 1031), who did not report asthma during the mothers' pregnancies, were available for **questioning** when the children were 4 years old. The average yearly incidence of asthma was 5.2 (95% CI = 2.6-9.2) per 1000 in the mothers and 1.5 (95% CI = 0.3-4.4) per 1000 in the fathers (P = .058), with an overall incidence of 3.4 (95% CI = 1.8-5.7) per 1000. The average yearly incidence was 5.3/1000 in those < 30 years old and 1.5/1000 in those > or = 30 years of age (P = .056). CONCLUSIONS: We conclude that the incidence of asthma in this population of relatively young, well educated, white adults is approximately 3.4 per 1000 per year and that newly **diagnosed** asthma was more common in women and in those < 30 years of age.

33/7/48 (Item 48 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

12038535 **PMID:** 8795954
Reliability of a questionnaire used to survey allergic disease in school.

Shiraishi Y; Kikuchi S; Inaba Y
Department of Epidemiology and Environmental Health, Juntendo University School of Medicine, Tokyo, Japan.
Journal of epidemiology / Japan Epidemiological Association (JAPAN) Mar 1996 , 6 (1) p23-30 , **ISSN:** 0917-5040--Print **Journal Code:** 9607688
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
The reliability of a **questionnaire** which contained 21 items concerning asthma and **allergies** of the nose, skin, and eyes and other **questions** was evaluated by test-retest method. The **questionnaire** was the same as one used two years ago in a **survey** of **allergic** diseases found among elementary, junior and senior high school students in Shizuoka Prefecture, Japan. In order to evaluate its reliability, **calculations** were made of proportions of agreement, Cohen's kappa values and intraclass correlation coefficients. Both the proportions of agreement and the kappa values were fair, and all the intraclass correlation coefficients showed high values. The results suggest that there might be a slight effect of age, and that the articles which showed higher kappa values tended to be easy to answer, while the items in which kappa values were lower tended to consist of **questions** of multiple answers. This **questionnaire** can be regarded as useful for our original purpose of investigating **allergic** diseases. Among the kappa values of items, the values regarding **diagnosis** by doctor tended to be the largest. It was suggested that doctor's **diagnosis** was strongly convincing for patients. The reliability of this **questionnaire survey** can be regarded as satisfactory.

33/7/70 (Item 70 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

09377829 **PMID:** 2610574
[Computers and contact dermatitis]

Komputers en kontact dermatitis.
Dooms-Goossens A
Archives belges = Belgisch archief (BELGIUM) 1989 , 47 (1-4) p60-2 , **Journal Code:** 8302753
Publishing Model Print
Document type: English Abstract; Journal Article
Languages: DUTCH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
A **computerized** database with the complete composition of pharmaceutical products and some cosmetics helps the patient with an **allergic** contact dermatitis reaction to avoid his specific **allergens**. Together with a database with patient information (12000 cases) this product, file serves as the basis for an expert system that assists the dermatologist during his every day clinical practice. The use of the computer in the field of contact dermatitis has gained much interest in the course of the last decade. In fact, the computer can be a particularly helpful tool in: 1. The storage of large amounts of data that can help to **identify** the patient's **allergen** microenvironment: --literature: articles related to contact dermatitis problems; --product information such as, for example, the composition of pharmaceutical, cosmetics, and industrial materials; --the dermatologist: the filling in of a standardized **anamnesis** from also helps to assure that relevant clinical data is not overlooked. 2. The **diagnosis** of **allergic** contact dermatitis: on the basis of all these data stored, an expert system can be developed to provide targeted information to assist the physician with the **anamnesis** of a new patient. Depending on the profile of the patient, several factors that could be at the source of the contact dermatitis, such as the patient's profession, hobbies, and use of pharmaceutical products and cosmetics, can be considered, thus increasing the efficiency of the **allergological** examination considerably. 3. Research in contact dermatitis: --The data can be used for epidemiological analyses in behalf of the patients, the medical profession, the industry, and the authorities

33/7/82 (Item 82 from file: 155)
DIALOG(R)File 155: MEDLINE(R)

06356426 **PMID:** 7398263
Computer assisted monitoring of contact dermatitis patients.

Dooms-Goossens A; Degreef H; Drieghe J; Dooms M
Contact dermatitis (DENMARK) Jan 1980 , 6 (2) p123-7 , **ISSN:** 0105-1873--Print **Journal Code:** 7604950
Publishing Model Print
Document type: Journal Article
Languages: ENGLISH
Main Citation Owner: NLM
Record type: MEDLINE; Completed
All contact dermatitis patients are told to avoid their specific **allergens**. As regards topical pharmaceutical agents, however, it is almost impossible for these patients to identify the products that contain their **allergens**. In order to provide reliable information for these patients, we have designed a computer assisted data system. The CODEX (COntact DErmatitis indeX) system consists of three computer readable files: a Product File containing the complete composition of the pharmaceutical products on the Belgian market that are applied on the skin and the mucous membranes, a Patient File with the patient's **anamnesis**, and a Literature File with cross-referenced material on contact

dermatitis. Each patient is given a list of the products that contain his/her **allergen**(s). The data bases are analyzed statistically and updated periodically. Cosmetics in general are excluded.

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  File   9:Business & Industry(R) Jul/1994-2009/Nov 07
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  File  15:ABI/Inform(R) 1971-2009/Nov 07
         (c) 2009 ProQuest Info&Learning
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  File 160:Gale Group PROMT(R) 1972-1989
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  File 135:NewsRx Weekly Reports 1995-2009/Oct W4
         (c) 2009 NewsRx

S1     254314   ALLERG? OR HYPERSENSITIV?
S2   13730520   QUESTION? OR SURVEY? OR HISTORY OR ANAMNES? OR RECORD? OR -
              RECOLLECT? OR RECALL? OR REMEMBER? OR RECOUNT? OR HISTORIES
S3      96758   S1 AND S2
S4      57587   S3/2003:2009
S5      39171   S3 NOT S4
limitall/s5
S6       5110   SOFTWARE? ?  OR ALGORITHM? ? OR COMPUTER(2N)(SYSTEM OR AID?
             OR ASSIST? OR PROGRAM? ?) OR COMPUTER?
S7      24316   PROGNOS? OR CAUSE OR CAUSATION OR IDENTIFY? OR
            CAUSING OR CAUSES
S8       6077   S1(10N)S2
S9        528   S6(20N)S7
S10        12   S8(S)S9
S11        11   RD  (unique items)
S12       806   S6(S)S7
S13        66   S12(S)S1(S)S2
S14        56   S13 NOT S10
S15        43   RD  (unique items)
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Nothing relevant

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  File 350:Derwent WPIX 1963-2009/UD=200971
         (c) 2009 Thomson Reuters
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         (c) 2009 JPO & JAPIO
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S1      112995   ALLERG? OR HYPERSENSITIV?  OR  IMMUNE OR IMMUNOLOG?
S2     1528399   QUESTION? OR SURVEY? OR HISTORY OR ANAMNES? OR RECORD? OR -
                 RECOLLECT? OR RECALL? OR REMEMBER? OR RECOUNT? OR HISTORIES
S3        2472   S1 AND S2
limitall/s3
S4         310   SOFTWARE? ?  OR ALGORITHM? ? OR COMPUTER(2N)(SYSTEM? ? OR -
                 AID? OR ASSIST? OR PROGRAM? ?) OR COMPUTERI?
S5        1090   PROGNOS? OR DIAGNOS? OR CAUSE OR CAUSATION OR IDENTIFY? OR
                 CAUSING OR CAUSES
S6         140   S4(S)S5
S7          70   S6(S)S1(S)S2
S8         375   EQUATION? ? OR FORMULA? ? OR CALCULATION?
S9          34   S1(S)S2(S)S5(S)S8
S10        100   S7 OR S9
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Nothing relevant

INTERNATIONAL SEARCH REPORT

PCT/EP 03/06299

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 G06F19/00

WO 2004 001665 A3

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 7 G06F

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, WPI Data, PAJ, INSPEC, BIOSIS, EMBASE, COMPENDEX

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2001/012913 A1 (ILIFF EDWIN C) 9 August 2001 (2001-08-09) paragraphs '0080!, '0106! - '0108!, '0126!, '0211! - '0228!, '0272!; figure 13B	1-17
X	US 6 270 456 B1 (ILIFF EDWIN C) 7 August 2001 (2001-08-07) column 6, line 20 - line 55 column 8, line 32 - line 51 column 19, line 25 - line 43	1-17
X	US 5 572 421 A (TURCOTTE II WILLIAM E ET AL) 5 November 1996 (1996-11-05) column 17, paragraph 2; claim 1	1-17

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[X] Further documents are listed in the continuation of box C.

[X] Patent family members are listed in annex.

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Date of the actual completion of the international search	Date of mailing of the international search report
4 June 2004	22/06/2004

Name and mailing address of the ISA	Authorized officer
European Patent Office, P.B. 5818 Patentlaan 2 NL – 2280 HV Rijswijk Tel. (+31-70) 340-2040, Tx. 31 651 epo nl, Fax: (+31-70) 340-3016	Platzer, C

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	US 2001/053875 A1 (ILIFF EDWIN C) 20 December 2001 (2001-12-20) paragraph '0195!; figure 9	1-17
A	US 5 473 537 A (GRAY GEOFFREY V ET AL) 5 December 1995 (1995-12-05) column 12, line 12 - line 42	1-17